



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
www.hivcommission-la.info

While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES February 14, 2008

Approved
3/13/08

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	OAPP/HIV EPI STAFF SPN COORDINATORS
Carla Bailey, <i>Co-Chair</i>	Ruben Acosta	Noel Alumit	Chi-Wai Au
Anthony Braswell, <i>Co-Chair</i>	Eric Daar	Jala Caindec	Teresa Ayala-Castillo
Al Ballesteros	David Giugni	Joel Caliolio	Kyle Baker
Diana Baumbauer	Terry Goddard	Mark Davis	Angela Boger
Anthony Bongiorno/ Manuel Negrete	Angélica Palmeros	Herb Fisher	Maxine Franklin
Carrie Broadus	Gilbert Varela	Lisa Fisher	Michael Green
Mario Chavez	Chris Villa	Rou Fisher	Rene Guero
Nettie DeAugustine	Jocelyn Woodard/James Smith	Susan Forrest	Jacqueline Jackson
Whitney Engeran	Fariba Younai	Chris Holn	David Pieribone
William Fuentes		Karen Ingvoldstad	Shobita Rajagopalan
Douglas Frye		Karen Inyuu	William Strain
Jeffrey Goodman/ Sharon Chamberlain		Miki Jackson	Carlos Vega-Matos
Joanne Granai		Jackie Jones	Lanet Williams
Richard Hamilton		Gabriela Leon	Juhua Wu
Michael Johnson		Seth Levy	Dave Young
Jan King		Victor McKamie	
Lee Kochems		Haydee Martinez	
Ted Liso		Wendy Martinez	COMMISSION STAFF/CONSULTANTS
Brad Land		Richard Mathias	
Anna Long		Soleman Messakh	Virginia Bonila
Ruel Nollado		Mireya Munoz	Carolyn Echols-Watson
Quentin O'Brien		Trip Oldfield	Jane Nachazel
Everardo Orozco		Mara Pelsman	Glenda Pinney
Dean Page		Christina Ramos	Doris Reed
Mario Pérez		Jill Rotenberg	James Stewart
Natalie Sanchez		Herb Schultz	Nicole Werner
James Skinner		Nick Truong	Craig Vincent-Jones
Peg Taylor		Elaine Williams	
Kathy Watt			

- 1. CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:15 a.m. and welcomed Mr. Fuentes back. He also welcomed Ron Fisher, the new Health Deputy for Supervisor Yvonne Braitewaith-Burke. Mr. Fisher said he was new to HIV, but looked forward to learning.

Commission on HIV Meeting Minutes

February 14, 2008

Page 2 of 7

A. Roll Call (Present): Bailey, Ballesteros, Baumbauer, Braswell, Bongiorno, Broadus, Chavez, DeAugustine, Engeran, Frye, Fuentes, Goodman, Granai, Hamilton, Johnson, King, Kochems, Land, Liso, Long, Negrete, Nolledo, O'Brien, Orozco, Page, Pérez, Sanchez, Skinner, Taylor, Watt

2. APPROVAL OF AGENDA:

- Mr. Engeran withdrew JPP Item B.1., Ryan White 2010 Principles, and the associated Motion #6 be pulled.

MOTION #1: Approve the Agenda Order, as amended (*Passed by Consensus*).

3. APPROVAL OF MEETING MINUTES:

MOTION #2: Approve the minutes from the January 10, 2008 Commission on HIV meeting (*Passed by Consensus*).

4. CONSENT CALENDAR:

- Motions #4 and #5 were pulled due to presentations.
- Motion #6 was postponed.
- Motions #7 and #8 (misnumbered #9 on Consent Calendar) remained on the calendar.

MOTION #3: Approve the Consent Calendar (*Passed by Consensus*).

5. PARLIAMENTARY TRAINING:

A. Parliamentary Rules:

- In lieu of concerns over rushing later agenda items, Mr. Stewart announced that the Commission would expand the two-minute comment rule to all agenda items. Co-Chairs could reduce it to one minute if needed to maintain the agenda.
- Time limits pertain to all speakers, whether Commissioners or public.
- "Information" or "clarification" questions must relate directly to what a speaker said and not be used for debate.
- "Point of order" calls attention to a perceived procedural fault.
- Neither information/clarification questions nor points of order count against a speaker's time.

6. PUBLIC COMMENT, NON-AGENDIZED:

- Mr. Alumit, Make Art: Stop AIDS, announced their first international exhibition on February 23rd. Work to be presented was by artists highly impacted by HIV/AIDS. Additional information was on the resource table.
- Mr. Page, speaking as public, said he had developed a simple survey on how people view HIV/AIDS. While not an official activity of JPP, Mr. Page said he was conducting the informal survey as a participant in the Ryan White 2010 work group.

7. COMMISSION COMMENT, NON-AGENDIZED:

- Ms. Watt called attention to 15-year-old Lawrence King fatally shot by a 14-year-old classmate due to gender and sexuality issues. The fight against stigma continues, she commented.
 - Mr. Hamilton said he received an award honoring the National HIV/AIDS Awareness Day at the last Board meeting. He thanked OAPP and all the community for their support. Many people received tests during the events.
 - Mr. Orozco said he could not get his medications last month because he was in the Medicare Part D "donut hole" and would need to spend \$4,050 before coverage resumed. He called Sacramento, ADAP and Social Security, but received no help. He said he had Medicaid/Medicare/ADAP, but had a \$2,510 annual cap. He spent that much in one month.
 - Mr. Land said he also had share-of-cost problems. While Medi/Medi-eligible, Social Security rejected claims and the state followed suit. He could not get some non-HIV-specific medications, such as those for neuropathy.
 - Mr. Goodman felt the problem's key was that legislation did not count HIV-specific medications towards the "donut hole".
- ➡ It was agreed that the Consumer Caucus would take up the issue and Ms. Ingvaldstad would be advised of it.

8. PUBLIC/COMMISSION COMMENT FOLLOW-UP: There were no comments.

9. CO-CHAIRS' REPORT: Mr. Braswell noted the Sexual Harassment training mandated by the Board had to be completed by March. There were 16 Commissioners who had not yet submitted certification. The last three scheduled meetings were: 2/20/08, 3/03/08, and 3/10/08. The office would send out one more, final email reminder.

A. Ryan White Part A Project Officer: Mr. Braswell indicated that a new project officer, Karen Ingvaldstad, had been assigned to Los Angeles County. Because she was conducting a site visit in Riverside/San Bernardino, she was going to drop by LA as well for the meeting and the following day.

B. Committee Co-Chair Elections: Nominations should be opened at the next committee meetings with elections to follow a month later.

- C. Meeting Procedures/Time Management:** Agenda times, while not in stone, were meant to keep the meeting moving, and Mr. Braswell noted that they would try to be more diligent about sticking to the agenda.

10. EXECUTIVE DIRECTOR'S REPORT: Mr. Vincent-Jones introduced Carolyn Echols-Watson. She would join the Commission staff the following Tuesday and, among other work, would staff the JPP Committee. She was coming from the Executive Office, Finance Division.

- A. Part A Project Officer Site Visit:** Mr. Vincent-Jones introduced Ms. Ingvaldstad. There would be a special Commission meeting 2/15/08 to acquaint her with the Commission and the EMA.

11. STATE OFFICE OF AIDS REPORT:

A. ABX1 1: Health Care Reform:

- Mr. Schultz presented the health care reform package being sponsored by the Governor and Speaker Nuñez, noting that it was a non-partisan. He added that there had been more than 2,000 community meetings had been held across California to develop and promote the plan. He commented that it had not been passed out of the Health Committee, primarily due to politics, but the Governor was remained committed to the priority, and considered it only a setback.
- There were 5.1 million people uninsured in California at any given time and 6.7 million annually. The Governor considered those figures unsustainable. Double-digit cost increases undercut accessibility to quality care. Meanwhile, wellness was critical to reform. Medi-Cal was also under-funded, and 40% of the state's physicians would not accept it. The Governor had vetoed an earlier bill authored by the Speaker and Senator Perata because it only covered those already insured.
- Most of labor was originally against the individual mandate, but agreed to it after people with pre-existing conditions were protected. Five of the six largest health insurers (Blue Cross does not support it) have supported the plan, and the requirement that 85% of funds must be spent on medical care. The bill supported wellness education, and enhanced Medi-Cal reimbursements, Healthy Families Program for children and the Early Access to Care Program that provides membership cards for participating clinics statewide. Various subsidies were available for different income levels, including Medi-Cal expansion and tax rebates.
- Regarding Ryan White, Part D has already been used as a wrap-around for Medicare and it was hoped to continue that methodology for other Ryan White funds. The plan would require a waiver to use Ryan White funds in that manner.
- He indicated that one packet would detail how the plan would be self-financed rather than depend on the General Fund. It also took into account the needs of small businesses, including 501(c)3s, and the need to increase physician and hospital reimbursements.
- Mr. Land said he paid more and received fewer services than 10 years ago. The interaction of Social Security, ADAP and Medicare/Medicaid was poor. He felt AIDS should be listed as a special condition. Mr. Schultz said conditions are not itemized, but several conditions were addressed under other sections. Mr. Land also asked about medication coverage. Mr. Schultz said there were varying levels of support, depending on income. Mr. Land suggested a waiver for the permanently disabled with incomes of 0% to 400% FPL to stop the payer shuffle. Mr. Schultz agreed that was an issue. The plan would assist with it and disability community discussion was ongoing.
- Mr. Page, consumer, said his wife had been denied Medi-Cal. Mr. Schultz responded that they intended to request federal waiver exemptions on several items. Dr. Frye, HIV Epidemiology Program, asked if all providers could be required to accept Medi-Cal. Mr. Schultz said it had been discussed as a matter of licensure for physicians. Many liked it, though it was not currently in the plan.
- Mr. O'Brien, LA Gay and Lesbian Center, liked the plan, but felt some areas still needed to be addressed, like simplifying administrative costs and defining the levels of benefit. He also asked about the plan's future. Mr. Schultz replied that the day after the Senate action, the Governor held a press conference supported by 40 organizations. Policy issues would be reviewed like including prohibition of pricing based on pre-existing conditions. Financing approval would be sought by ballot. Roundtables have occurred with consumers, providers, insurers, and business. A labor roundtable was scheduled. Strategy considerations were also being considered, e.g., whether to propose bringing it online piecemeal or all at once.
- Ms. DeAugustine, Long Beach Health Department, asked about momentum in lieu of the deficit and when the Governor leaves office. Mr. Schultz noted the Governor intended to implement the plan within his term, and that the self-financing feature makes it even more palatable during the budget deficit crisis.
- Mr. Vincent-Jones noted that the County had already gone on record supporting the plan, and the Commission could help with that advocacy. He asked about enforcement; Mr. Schultz responded that rather than focus on enforcement, the Governor sought to develop a "culture of coverage" similar to that for car insurance. Mr. Vincent-Jones asked how the

plan would interact with ADAP and potentially ETHA. Mr. Schultz said that there was an HIV/AIDS transition plan keyed to federal collaboration for ADAP, and ETHA had not yet been addressed.

- Ms. Watt felt the plan was replacing a deteriorating system. Mr. Schultz agreed that the delay made it harder, but efforts continued. The Governor also supported passage of a Constitutional amendment establishing a “rainy day” fund, to be built up during surplus years, to stabilize the state’s budget during deficit years.
- Mr. Goodman said many clients were between 100% and 200% of FPL and not capable of responding to an individual mandate. He wanted to ensure that standards of care were met and that large employers could not shift their responsibilities to the state. Mr. Schultz replied that his concerns were addressed with a purchasing pool for 100% to 250% of FPL. Major prevention services, some office visits and some chronic care management would not require co-pays. There were also hardship exemptions. It was felt that retention plan would restrain large employer exodus.
- Mr. Engeran noted there was no certainty about the next version of Ryan White. He asked how much was currently spent on state healthcare. Mr. Schultz answered, from all sources, the healthcare system cost \$200 billion. The new system would require about \$15 billion. It was carefully balanced to ensure sustainability.
- Mr. Hamilton said when he was diagnosed in 1996 when the system had gaps; now it has voids. The Oasis Clinic helped empower him and King/Drew Hospital, now closed, served him in emergencies. He recently went from insured to uninsured and people have just said they could not get all their medications. While people were being asked to test, the system was not there for them. He wanted to know how to step up as an activist. Mr. Schultz replied there were no easy answers, but it was important not only to go to Sacramento, but to individual legislators who did not support the plan. It was important not to let an ideal stand in the way of the possible. Make it difficult for legislators to avoid the issue.
- Mr. Pérez suggested that prevention be given a greater priority. Mr. Schultz replied it was the Governor’s priority. Mr. Pérez noted the County had multiple funding streams and encouraged coordination with the state to ensure a consistent message. He asked if the \$500 million Medi-Cal incentive was sufficient. Mr. Schultz replied that was out of \$14.5 billion. While more would be good, there had not been an increase in 20 years. Finally, Mr. Pérez called attention to HIV wrap-arounds as the federal government was moving toward medicalizing Ryan White. Debate continued about their preservation versus concerns of HIV exceptionalism. He asked how that issue was being addressed. Mr. Schultz replied that those comments could start the conversation.
- Mr. Orozco asked about dental and vision care. Mr. Schultz said vision and dental were not in the current basic plan, but they were being considered. Regarding medications, he asked about brand names when generic resistance occurred and injectables. He offered to assist with formulary problems since there was a process for exemptions. Mr. Orozco and Mr. Liso said paperwork was another Medi-Cal issue. Mr. Schultz agreed; streamlining measures were being discussed.
- Mr. Ballesteros, JWCH, recommended that all plans offer HIV testing. Mr. Schultz reiterated the Governor’s emphasis on healthy benefits incentives. Discussion continued about whether testing should be one of the free basic plan services. Mr. Ballesteros also recommended expansion of post-exposure treatments, services for populations like the homeless who often face multiple diagnoses and cannot be served with one visit per day, and treatments for chronic conditions like AIDS wasting syndrome. Mr. Schultz replied that discussions continued on those types of enhancements.

B. Proposed FY 2008-2009 State Budget:

- Ms. Taylor reported the HIV Care Branch was being restructured to better coordinate diverse programs developed over time, often in response to available funding. A California HIV Planning Group (CHPG) work group would help, along with stakeholder meetings, including the EIP Conference in April, and consumers. A pilot was planned for July 2009.
- CHPG had added Los Angeles members Mike Johnson and Susan Forrest. The first meeting would be March 12-13 in Anaheim. Public comment was welcome. More information was available on the website.
- Last year’s MAI application was not for three years, as first thought, so work had begun on this year’s application. In response to Mr. Vincent-Jones, she clarified that it was a continuing, rather than completely new, application.
- The supplemental application for Part D was done. There were no supplemental funds for Part B. Not a surprise, it was still disappointing since those funds were usually tapped first to hold states harmless and were intended to support Bridges.

13. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS: There were no reports.

14. OFFICE OF AIDS PROGRAMS AND POLICY REPORT:

- Mr. Pérez noted there was a memo summarizing OAPP’s commitments to the Commission in 2008 in the packet.
- The HIV Prevention Plan was in the final editing stage and would be available in February. Prevention RFPs would follow.
- Rate study work with Mercer and the caucus continued. Eight groups sent comments by January 22nd when comment closed.
- Notification had not been received for the Part A award, but was expected within the following week.
- Year 18 contracts were sent to providers to ensure better notice of changes than was possible with last year’s grant changes.

Commission on HIV Meeting Minutes

February 14, 2008

Page 5 of 7

- Next week, the Board would consider 4 of the 13 contracts for the interim MAI investment plan, about 3% of overall funds, as the plan shifted to new Commission priorities. OAPP can make contract amendments of 15% or less independently.
- The Board approved a \$1.75 million increase to address the crystal meth epidemic. Focus would be largely on young women, especially those of color, and MSM. While Public Health had requested \$18.6 million, he felt the plan was good for its size.
- Mr. Engeran asked about financial reports. Mr. Vincent-Jones said two of three reports had been received had been received. Mr. Young would have the third ready for the P&P February 26th meeting.
- Mr. Engeran also asked about the \$2.2 million in provisional funds (PFU) awarded by the Board in 2006. Mr. Pérez reported that OAPP requested PFU to bridge the 2007 gap in MAI funding when the grant year changed. About \$868,000 was approved for March through June. The remainder was returned by the CEO to the General Fund. Coincidentally, the NCC Maintenance of Effort (MOE) was increased by about \$1.2 million to cover Cost of Living Adjustments (COLA) for staff. The two actions were not related. The County negotiates COLAs. Departments may request funds to cover them.
- Ms. Broadus requested clarification of recent budget adjustments. Mr. Pérez said that the Board chose to end over-contracting, which resulted in an adjustment some 18 months later. OAPP reduced over-contracting in 2005 from 10% to 5%. That was a budgeting, rather than real, cut. The Part A award, reduced by \$1.9 million, was received shortly after along with a \$300,000 cut to the Cooperative Agreement. OAPP reduced expenses, keeping a vacancy rate of about 28% and reducing the planned space development from 3.7 to 3 floors. Changes in Year 17 caused additional shifts to meet the new 75/25 threshold. Reductions that could not be covered were: Peer Support, 25%; Legal/Permanency Planning, 20%; Language Services, 15%. OAPP also adjusted contracts by providers' Year 15 and 16 spending patterns. Year 17 levels have been carried through to Year 18, except for Medical Outpatient which has received a \$950,000 reduction.
- Mr. Land asked about a reported DHS plan for the cut County clinics. Mr. Pérez responded that the Board had not yet approved the cuts, and that he had only heard of the plan that morning, along with everyone else. He added that there were 17 outpatient partners with 23 sites supported through OAPP, so there were options for transitions, if needed.
- Mr. O'Brien suggested proposed contract amounts be disclosed prior to Board review. Mr. Pérez was uncomfortable with public disclosure prior to the County process of department review and Board approval. Ordinarily, contracts would have been put out to bid but, due to the transition, that was not feasible. He also asked about OAPP cost savings, specifically related to the additional floor. In The OAPP vacancy rate remained at 28% despite growing demands. The expansion to three floors was going forward.
- Ms. Granai pointed out that providers cannot increase salaries and constantly lose experienced staff to the County.
- ➔ Mr. Pérez would follow-up on Board response to an earlier Public Health letter requesting a MOE increase.

15. HIV EPIDEMIOLOGY PROGRAM REPORT: The report was postponed.

16. HIV PREVENTION PLANNING COMMITTEE (PPC) REPORT: Ms. Watt reported that the February 1st Annual Meeting focused on the Prevention Plan. The Plan was significantly larger, but each section could be used independently and was user-friendly. BRGs have been dropped in favor of six populations and integration of services for the whole person.

- ➔ It was agreed to place discussion of the Plan on the March agenda, and to provide February 26th roll-out information.

17. SPA/DISTRICT REPORTS:

- **SPA #1:** Ms. Granai reported their priorities meeting was February 13th. The next meeting, focused on the new scope of work, would be March 12th. A CAB appreciation luncheon would be February 20th. The SPA was shifting to a model of CABs at each agency with the goal of enhancing leadership development.
- **SPA #2:** Ms. Sanchez reported their priorities meeting was February 7th. Medical Outpatient, ADAP, Mental Health, EIP and Oral Health were top priorities. Meetings had been changed to the 4th Thursday, 2:00 to 4:00 p.m., to increase participation.
- **SPA #3:** Mr. Chavez reported paradigms/operating values were chosen last month for the priorities meeting February 21st.
- **SPA #4:** Ms. Rotenberg reported their CAB meeting would be February 20th and their priorities meeting February 21st. The recent SPN Integration meeting reflected a good response to SPN Coordinators' input on the new scope of work due in March.
- **SPA #5:** Ms. Fisher reported their priorities forum was February 5th. The Health Station would be presented at the next meeting on March 4th. Their active CAB would meet the next Tuesday.
- **SPA #7:** Ms. Leon reported there were two CAB meetings. They, however, were no longer required by contract. Other approaches to financially supporting CABs were being reviewed. The priorities meeting would be February 22nd. Mr. Vincent-Jones noted the Consumer Caucus had discussed including CAB representatives and might be able to help. Mr. Vega-Matos said, in response to comments from SPN Coordinators and others, the requirement for CABs was dropped in favor of a requirement to meet goals to enhance consumer involvement more flexibly. OAPP would also help with the SPNs achieve that goal.

18. TASK FORCE REPORTS:

- A. **Commission Task Forces:** There were no reports.
- B. **Community Task Forces:** There were no reports.

19. STANDING COMMITTEE REPORTS:

A. Priorities & Planning (P&P) Committee:

1. ***Special Populations:***

- Mr. Goodman noted that previously designated populations were women, youth, and transgenders. The presentation reflected P&P's 14 hours of work resulting in 11 additional populations for a total of 14.
- Ms. Broadus asked why "women" was identified as opposed to "women of color". Dr. Long responded that generally the broader designation was used. "MSM" was not sufficiently unique within the total HIV/AIDS population, but "women" was. Guidelines/studies for "women" addressed subpopulations like "women of color". She added that "African American" was also a special population, so studies could address both.
- Mr. Engeran praised the work, but noted that seemingly the only group not a special population was white gay men. Ms. Watt noted that white, gay men were discussed, especially as their health education related to STD rates. She added that the special populations were being addressed in the data and reflected in the meetings.

MOTION #4: Approve the criteria and designated special populations, as presented (*Passed by Consensus*).

2. ***YR 19 Paradigms and Operating Values:***

- Mr. Goodman presented the results of the P&P/SOC joint meeting to review of the framework, which runs through May, and selection of paradigms, operating values and contingency plans.
- A fourth operating value, representation, was added to last year's access, efficiency and quality of care.
- Flat funding, Scenario #2, was modified from last year to reflect a range from a 4.9% increase to a 2.49% decrease.
- Ms. Broadus was concerned that the utilitarianism paradigm, the greatest good for the greatest number, inherently devalued special populations. She suggested a more creative approach. Ms. DeAugustine pointed out that the equity and nuanced conclusiveness paradigms were meant to be taken together with, and to moderate, utilitarianism.
- Mr. Johnson noted only two designated consumers attended the combined committee meeting. Mr. Braswell responded there were more consumers present than those filling consumer seats, such as himself. Mr. Land, speaking as a consumer, said he had learned to trust the process. Ms. Bailey felt the process had improved with use of paradigms/operating values. Anyone could attend any meeting.

MOTION #4A: Extend the meeting until 2:00 p.m. (*Passed by Consensus*).

MOTION #5: Approve the proposed paradigms, operating values and contingency funding scenarios for the Year 19 Priority- and Allocation-Setting Process, as presented (*Passed by Consensus*).

3. ***Priority- and Allocation-Setting Process:*** Mr. Goodman noted the proposed revision was in the packet and out for public comment until March 7th. The revision was Item 14.c., requesting stakeholders suggesting allocation modification(s) also provide recommendations on how to accommodate the change(s) within the continuum of care.

B. Joint Public Policy (JPP) Committee:

- 1. ***Ryan White 2010 Principles:*** The item was postponed.
MOTION #6: Approve the Ryan White 2010 Principles, as revised and presented (*Postponed*).
- 2. ***CD4 Reporting Legislation:*** The legislation was in the packet for review.
- 3. ***Proposed State Budget:*** A summary was in the packet for review.
- 4. ***Proposed Federal Budget:*** A summary of the domestic HIV budget was in the packet for review.

C. Operations Committee:

1. ***Non-Commission Committee Nominations:***

MOTION #7: Approve the nomination of Mark Davis and forward to the Board for appointment to the Standards of Care (SOC) Committee (*Passed by Consensus, Consent Calendar*).

2. ***Member Performance Self-Appraisal:*** Ms. DeAugustine thanked the body for passage as it was the next step.

MOTION #8: Approve the inclusion of the member self-appraisal form in the Commissioner renewal application, as presented (*Passed by Consensus, Consent Calendar*).

3. ***Consumer Caucus:*** Ms. DeAugustine encouraged all of the consumer members to attend the Caucus following the Commission meeting.

Commission on HIV Meeting Minutes

February 14, 2008

Page 7 of 7

D. Standards of Care (SOC) Committee:

1. **Medical Outpatient Rate Study:** A copy of public comments was in the packet.
2. **Outcomes Mapping:** The item was postponed.
3. **Medical Care Coordination:** The item was postponed.

20. COMMISSION COMMENT: There were no additional comments.

21. ANNOUNCEMENTS:

- Mr. Goodman noted Common Ground would host a screening of the film “Sicko” February 19th, followed by a panel discussion on single-payer health systems. Flyers were on the resource table.
- Ms. Granai said March 10th was National Women and Young Girls HIV Awareness Day. Agencies could schedule events.

22. ADJOURNMENT: Mr. Braswell adjourned the meeting at 1:55 p.m. in memory of Chris O’Leary, STD Programs, who was of great assistance in the development of the Prevention Plan.

- A. Roll Call (Present):** Bailey, Ballesteros, Baumbauer, Bongiorno, Braswell, Broadus, Chavez, DeAugustine, Engeran, Fuentes, Goodman, Granai, Hamilton, Johnson, Kochems, Land, Liso, Long, Negrete, Nollado, O’Brien, Orozco, Page, Pérez, Sanchez, Skinner, Taylor, Watt

MOTION AND VOTING SUMMARY

MOTION #1: Approve the Agenda Order, as amended.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #2: Approve the minutes from the January 10, 2008 Commission on HIV meeting.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #3: Approve the Consent Calendar.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #4: Approve the criteria and designated special populations, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #4A: Extend the meeting until 2:00 p.m.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #5: Approve the proposed paradigms, operating values and contingency funding scenarios for the Year 19 Priority- and Allocation-Setting Process, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #6: Approve the Ryan White 2010 Principles, as revised and presented.	<i>Postponed</i>	POSTPONED
MOTION #7: Approve the nomination of Mark Davis and forward to the Board for appointment to the Standards of Care (SOC) Committee.	<i>Passed by Consensus, Consent Calendar</i>	MOTION PASSED
MOTION #8: Approve the inclusion of the member self-appraisal form in the Commissioner renewal application, as presented.	<i>Passed by Consensus, Consent Calendar</i>	MOTION PASSED